

# MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Suite 100  
600 East Amite Street  
Jackson, Mississippi 39201-2801  
Internet: <http://www.msbde.state.ms.us>



Telephone: 601-944-9622  
Facsimile: 601-944-9624  
E-Mail: [dental@msbde.state.ms.us](mailto:dental@msbde.state.ms.us)

## DENTAL DIGEST

Volume 6

SEPTEMBER 2001

Number 1

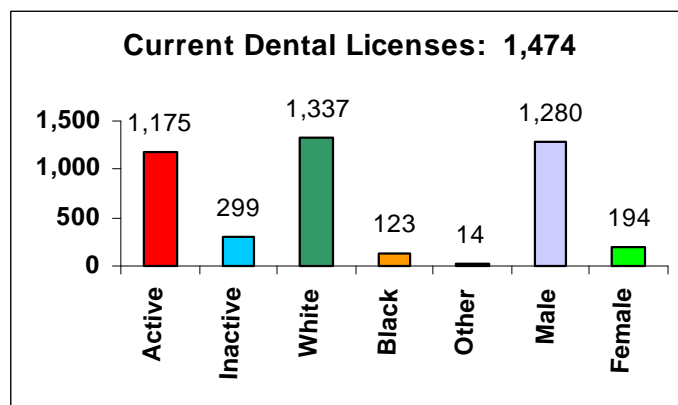
**The Mississippi State Board of Dental Examiners is a legislatively-mandated state regulatory agency charged with the responsibilities of examining, licensing, registering, and regulating the practices of dentistry and dental hygiene to ensure competency (through examination and licensure) and ethics (through registration and regulation) among all dental professionals in the State of Mississippi for the ultimate goal of safeguarding and enhancing the health and welfare of the citizens of this State. As such, the Mississippi State Board of Dental Examiners is neither affiliated with nor functions as a subsidiary of any private or professional organization.**

**W**elcome to the September 2001 edition of the Dental Digest. This edition contains a wealth of information provided by guest authors, as well as state and federal agencies. We also have noted three regulations amended since our last newsletter, and these are featured in our Regulation Highlight section. Please remember, too, that the Board's forms, laws, regulations, newsletters, examination manuals, databases, statistics, frequently asked questions, etc., may be found on our web site (<http://www.msbde.state.ms.us>). Enjoy the newsletter, and, as always, feel free to contact our office if you have any questions.



## COVER TO COVER

|  |   |
|--|---|
| Regulation Highlight .....                           | 1 |
| Public Health Notification .....                     | 2 |
| Mississippi Recovering Dentists Program .....        | 3 |
| HIPAA .....  | 4 |
| OxyContin .....                                      | 5 |
| Reporting Infections Following Body Piercing .....   | 5 |
| Things to Note .....                                 | 5 |
| Noteworthy Dates .....                               | 6 |
| Fluoride in Mississippi Drinking Water Systems ..... | 6 |
| Don't Be Scammed by a Drug Abuser .....              | 7 |
| MSBDE Board Members and Staff .....                  | 8 |
| Disciplinary Actions .....                           | 8 |



## REGULATION HIGHLIGHT

**A**s part of its legislatively-mandated regulatory responsibilities, the MSBDE must enforce the laws of this State and enact any regulations necessary to ensure consistent and ethical compliance with these laws. Accordingly, when deemed appropriate and as a means of establishing uniform policies for all dental professionals in Mississippi, the MSBDE enacts and/or amends regulations. Whenever a regulation is enacted or amended, it must be filed immediately with the Mississippi Secretary of State and is not considered approved until thirty (30) days after filing. At that time, a "final filing" must be effected with the Mississippi Secretary of State, and the adopted or amended regulation becomes final thirty (30) days after that filing date.

As a regular feature of the Dental Digest, the MSBDE highlights regulations that have been amended/enacted. Since January 1, 2001, the MSBDE has amended Regulations 7, 27, and 43. The following section provides a brief

synopsis of these amended regulations. A fee of \$10.00 per copy is charged for bound copies of the Mississippi Dental Practice Act and the Board's rules and regulations; however, copies of individual regulations may be obtained by calling or writing the Board's office. Also, copies of the Board's laws and regulations may be obtained on its web site (<http://www.msbde.state.ms.us>) either in Adobe Acrobat or HTML format. Just click on the "Laws & Regulations" button and select how you wish to view or print a current copy of the Board's laws and regulations.

---

### **BOARD REGULATION NUMBER 7 PROVISIONAL AND SPECIALTY LICENSURE**

*On September 14, 2001, the Board amended this regulation by stipulating criteria for a Provisional Residency License to ensure compliance with Miss. Code Ann. § 73-9-3. These requirements apply only to dentists who are enrolled in Board-approved and ADA-accredited dental residency programs, e.g., the general dentistry residency at the University of Mississippi Medical Center School of Dentistry.*

---

### **BOARD REGULATION NUMBER 27 EXAMINATION REVIEW PROCEDURES**

*On February 9, 2001, the Board amended certain appeal requirements, including, but not limited to, (a) having candidates sign an acknowledgment that they have read, understand, and agreed to abide by the examination instructions and grading procedures; (b) having candidates submit their appeals identified by a candidate number only and not by making any personal appearances before the Board; and (c) not allowing any personal, written, or telephonic communication with Board members from candidates and anyone who may be related to or an acquaintance of a candidate.*

---

### **BOARD REGULATION NUMBER 43 ADVERTISING**

*On July 20, 2001, the Board amended Section V.G. of this regulation to stipulate a new advertising disclaimer which should be placed in all advertisements requiring an advertising disclaimer. Only Section V.G. of this regulation is being reprinted in this newsletter.*

V.G. General dentists who list any services performed must place a disclaimer. The public communication must include immediately after the listing of services the following statement: **"No representation is made that the quality of the dental services to be performed is greater than the quality of dental services performed by other dentists. No specialty is held in the area(s) listed."** The point size of the disclaimer for any written communication or advertisement must be the same point size as the majority of the letters in such written communication or advertisement, and the point size of the disclaimer for any videotaped or television communication or advertisement must be no smaller than 13 point. The disclaimer for any videotaped or television communication or advertisement must be run throughout the entire broadcast. Any public communication through an electronic medium

(e.g., radio communications) shall contain such statement at a time and in a clearly audible tone and manner so as to convey the required information to the listener or viewer.

---

### **PUBLIC HEALTH NOTIFICATION U. S. FOOD & DRUG ADMINISTRATION:**



### **LEAD EXPOSURE FROM DENTAL FILMS STORED IN LEAD-LINED TABLE-TOP CONTAINERS**

*(Printed at the Request of FDA)*

**T**his is to notify you of the potential for harmful lead exposure from dental films stored in containers lined with unpainted lead. We believe that there may be hundreds of these lead-lined boxes currently being used to store dental films. Some of them may have been in use for decades. Most of these boxes are the size and shape of shoe-boxes, made of wood, and lined with lead that has apparently not been painted or coated.

Dental films stored in these boxes have been found to be coated with a whitish film that is about 80% lead. In many cases there are highly dangerous levels of lead on the films, enough to potentially cause serious adverse health effects in patients and health care professionals. These adverse health effects include anemia and serious neurological damage.

You may obtain more information about public health concerns related to lead from the OSHA website (<http://www.osha-slc.gov/SLTC/lead/index.html>).



February 2001 MDA District 2 Annual Meeting: Pictured Left-to-Right: Charles G. Purifoy, D.D.S., Stephen W. Joe, D.M.D., Julia Rose Hill, D.M.D., and M. David McDaniel, D.M.D.

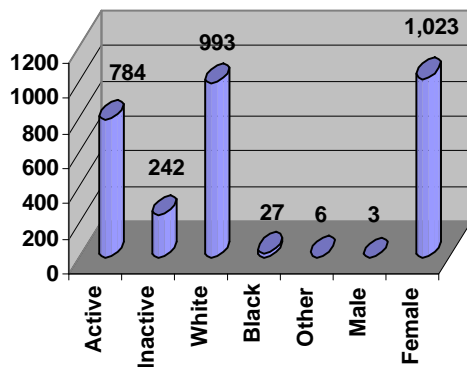
### **What You Should Do?**

- Discard any dental film that has been put in these boxes. None of that film should be used. Wiping the film does not significantly reduce the lead levels.

- ➡ Remove these boxes and dispose of them properly. THE OLD BOXES CANNOT BE MADE SAFE by painting, coating or lining them. Scrap lead should be discarded according to EPA regulations. You may call the EPA's RCRA hotline at 800-424-9346 and speak to a representative to find your State's lead disposal requirements.
- ➡ Make it a practice to store your dental film according to the manufacturer's instructions.

### Current Dental Hygiene Licenses:

1,026



### How to Report Adverse Events to FDA?

If you have experienced problems with dental devices or dental device malfunctions, you can report this directly to the manufacturer. Alternatively, you can report directly to MedWatch, the FDA's voluntary reporting program. You may submit reports to MedWatch four ways: (1) online to <http://www.accessdata.fda.gov/scripts/medwatch/>; (2) by telephone at 800-FDA-1088; (3) by FAX at 800-FDA-0178; or (4) by mail to MedWatch, Food and Drug Administration, HF-2, 5600 Fishers Lane, Rockville, MD 20857.

### How to Get More Information?

If you have questions regarding this notice, please contact Marian Kroen, Office of Surveillance and Biometrics (HFZ-510), 1350 Piccard Drive, Rockville, Maryland, 20850, by fax at 301-594-2968, or by e-mail at [phann@cdrh.fda.gov](mailto:phann@cdrh.fda.gov). Additionally, a voice mail message may be left at 301-594-0650, and your call will be returned as soon as possible.

All of the FDA medical device postmarket safety notifications can be found on the World Wide Web at <http://www.fda.gov/cdrh/safety.html>. Postmarket safety notifications can also be obtained through e-mail on the day they are released by subscribing to our list server. You may subscribe at <http://list.nih.gov/archives/dev-alert.html>. You may also subscribe by sending an email to [listserv@list.nih.gov](mailto:listserv@list.nih.gov). In the body of the text, type "SUBSCRIBE DEV-ALERT firstname lastname".



## MISSISSIPPI RECOVERING DENTISTS PROGRAM



In 1999, the Mississippi State Board of Dental Examiners (the "Dental Board") received legislative authorization to enter into a Memorandum of Understanding with the Mississippi Recovering Physicians Program which created the Mississippi Recovering Dentists Program (MRDP). MRDP is administered through the Mississippi Impaired Physicians and Dentists Committee ("the Committee"). The Committee is composed of five to seven physicians, one or two of whom are not themselves in recovery, and two dental advisors. The Committee includes at least one psychiatrist and one addictionologist, and MRDP activities are funded through a portion of dental licensure fees.

MRDP exists to provide a relatively confidential, non-punitive alternative to the disciplinary process for the impaired dentist who seeks or is motivated to accept the services it offers. Dentists who have alcohol and/or drug problems and those with mental illness which may interfere with their ability to practice dentistry with reasonable skill and safety are eligible to participate. We are also available to dental students.

Reports to the Committee come from various sources including partners, family members, pharmacies, the Dental Board, the Dentist Well-Being Committee of the Mississippi Dental Association, and other sources. When a report is made, Committee members investigate the concerns and, if appropriate, arrange an intervention and subsequent evaluation at a facility jointly approved by the Dental Board and the Committee. If treatment is recommended, this must be successfully completed before the dentist returns to practice. Once treatment is completed, MRDP will monitor the recovering dentist, usually through a five-year contract. In turn, MRDP provides advocacy for the recovering dentist with the Dental Board, malpractice carriers, provider panels, and others.

Under our Memorandum of Understanding with the Dental Board, impaired dentists are able to obtain the help they need to regain or retain their ability to practice dentistry while avoiding adverse disciplinary actions such as Drug Enforcement Administration ("DEA") restrictions and reportable Consent Orders. In turn, the oversight and monitoring of MRDP assures the public is protected while the dentist becomes grounded in recovery.

The emerging experience of the American Medical Association and the American Dental Association impaired physicians and dentists committees nationwide, on which MRDP was modeled, has shown very encouraging results. Currently, 90% of such program participants are in compliance with their contracts and are stable in recovery, with documentation to ensure that they are practicing dentistry with reasonable skill and safety.

MRDP is a positive example illustrating that organized dentistry and regulatory boards can work cooperatively to ensure the health of the impaired dentists and the patients



they serve. For the impaired dentist, programs such as this are often able to protect the public while providing the assistance the dentist needs to enter recovery without the licensure/DEA complications and National Practitioner Data Bank reports, which can make their professional/private lives and their recovery more difficult.

You may reach our program through the Jackson office at 601-420-0240 or 800-844-1446, or through Dr. Carr's Hattiesburg office at 601-261-9899.

--Submitted by Gary D. Carr, M.D.  
Medical Director, MRDP



# HIPAA

## *The Clock Is Ticking...Are You Ready for HIPAA?*

**O**n August 21, 1996, President Clinton signed into law the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 (HIPAA). One part of this law, labeled Administrative Simplification, is intended to reduce the costs and administrative burdens of health care by making possible the standardized, electronic transmission of certain administrative and financial transactions which are currently carried out manually on paper. To accomplish this goal, the law requires that the Secretary of Health and Human Services adopt national uniform standards for these transactions. The provisions of the law will compel hospitals, health plans, and other providers to reconfigure patient records into uniform electronic formats. The *Final Rules for Health Insurance Reform: Standards for Electronic Transactions and Standards for Privacy of Individually Identifiable Health Information* has been published in the Federal Register. Health care providers and plans must comply with the applicable requirements of these provisions no later than October 16, 2002 and February 26, 2003, respectively.



February 2001 MDA District 3 Annual Meeting: Pictured Left-to-Right: James A. Bounds, D.M.D., Melvyn J. Stromeyer, D.D.S., and Artis E. Knight, D.D.S.

The provider community is a big winner with the implementation of HIPAA. Major efficiencies can be achieved after the standards have been implemented, but the challenges that

lie ahead are many. Significant resources must be invested over the next years to achieve compliance with the HIPAA legislation and realize the long-term benefits. As in the payer community, providers also are challenged with upgrading their systems and data exchange capabilities, resulting in more efficient and timely inter-provider communications such as Coordination of Benefits, sending laboratory reports, making referrals, and ordering tests and prescriptions. Standards also should speed up inquiry and response for eligibility verification, service requests, or claim status.

## *What Should You Be Working on Right Now?*

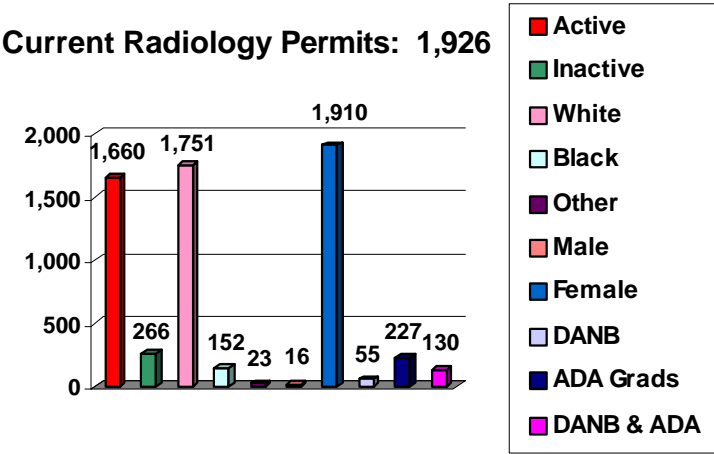
- Staff your HIPAA compliance team. This is an executive-level team that will provide the direction and resources for your organization to achieve compliance.
- Educate your staff and constituents.
- Get all the information you can from the Department of Health and Human Services (DHHS) web site (<http://aspe.os.dhhs.gov/admsimp>) to make sure you have and understand the legislation.
- Start an awareness program to address security issues. Foster open reporting of potential security breaches and prioritization of issues.
- Conduct a requirements analysis to determine the scope of changes your organization will be required to make.
- Evaluate your current billing system for compliance.
- Evaluate audit trails on your existing information systems.
- Review existing vendor contracts for compliance.
- Determine your capability to make the changes required. Bring in knowledgeable staff or vendors to assist in transition.
- Identify your Privacy and Security Officers. Depending upon the size of your organization, this may be one person responsible for both privacy and security, or it may be two individuals.
- Train your staff. There are different types of training that may be needed in an organization. For example, you may want to provide HIPAA awareness training to all of your managers, supervisors, and other key staff. This would provide a baseline level of HIPAA understanding across your organization. It is also a good idea to provide in-depth training in the *Final Rule for Electronic Transactions and Code Sets* and the *Final Rule for Standards for Privacy of Individually Identifiable Health Information* focusing on the definitions of the required transactions. This is important because it is the definitions of the transactions that will determine when a required transaction must be used in your system.
- Develop an internal privacy policy that adheres to the provisions within the *Final Rule for Privacy*.
- Review your organization's security practices and documentation, including physical safeguards and technical security services and mechanism. Many organizations may have these protections in place, but lack formal documentation of policies and procedures as required in the security proposed rule. Be sure you have documented policies and procedures for disaster recovery, facility security, workstation use, system access controls and the other elements of physical and technical security proposed.

For questions about this article and additional information on HIPAA, please visit the Department of Health & Human Services web site (<http://aspe.os.dhhs.gov>), or

contact Ms. Gayle Lowery at 601-359-6846 and/or edgbl@medicaid.state.ms.us.

–Printed at the Request of Ms. Gayle Lowery  
HIPAA Coordinator  
Office of the Governor, Division of Medicaid

Current Radiology Permits: 1,926



OXYCONTIN

By: Mr. Tim Rutledge, Agent  
Mississippi Bureau of Narcotics



As you are aware, citizens, law enforcement, medical regulatory boards, and the medical community in Mississippi are concerned about a new drug, OxyContin. OxyContin is a time-release form of the narcotic analgesic Oxycodone. OxyContin is designed for moderate-to-severe pain relief, chronic pain control, and terminal cancer pain relief. OxyContin, which is manufactured by Purdue Pharma, was first introduced in 1995. OxyContin, when properly prescribed and used, has valuable benefits to patients suffering from serious pain. However, the dangers that arise from the improper prescribing and the illegal diversion of OxyContin cause great concern.

In recent months several states, Kentucky, Virginia, West Virginia, Maryland, Ohio, Maine, and others, have begun experiencing OxyContin-related problems. Some of these problems include prescription forgeries, drug store robberies committed to specifically steal OxyContin, illegal street sales, overdose deaths, and doctors improperly prescribing or over-prescribing OxyContin. Unfortunately, Mississippi has not been spared from these problems.

Prescriptions for OxyContin in our State are increasing. During the period April 1, 2000 through March 30, 2001, the Mississippi Division of Medicaid spent \$4.4 million on OxyContin prescriptions. Likewise, during the same period, Blue Cross and Blue Shield of Mississippi spent over \$800,000.00. As OxyContin become more available, problems associated with the abuse and illegal diversion of the drug also increase.

We do not want to interfere with the ability of patients in pain to receive OxyContin for appropriate medical uses. However, steps should be taken to ensure that this drug is prescribed only in appropriate circumstances and to prevent its

illegal diversion. The sooner we address this situation, the better chance we have of limiting the abuse and misuse of this drug.



REPORTING INFECTIONS  
FOLLOWING BODY PIERCING

Printed at the Request of the  
Mississippi State Department of Health

The Mississippi State Department of Health (“MSDH”) recently crafted regulations which give guidance regarding infection control and other matters to persons performing body piercing. There is a concern that body piercing, especially of mucous membranes, may lead to serious infection. Thus, infections following body piercing, excluding ear lobe piercing, became reportable as a Class II reportable condition on June 1, 2001. MSDH believes that dentists, including oral and maxillofacial surgeons, also may be consulted by patients with infections following body piercing, and, thus, we have requested that this article be placed in the *Dental Digest*.

Any infection following body piercing that requires medical care shall be reported to MSDH via telephone, mail, or fax within one week of diagnosis. The report shall include standard data items collected on all reports (MSDH Form 135). Additionally, the site of piercing, site of infection (if different from site of piercing, e.g., sepsis), establishment where the piercing occurred (if obtained commercially), and treatment required shall be reported. This information will be used to determine the incidence and severity of infection following the procedure and to determine the need for intervention or education to attempt to prevent further occurrences.

The reporting phone number is 800-556-0003 outside of the Jackson calling area, and 601-576-7725 in Jackson, during office hours. The fax number is 601-576-7497. Please call 601-576-7725 with any questions about the requirements.

–Submitted by Ms. Mary Currier, M.D., M.P.H.  
State Epidemiologist

THINGS TO NOTE



- All dentists, regardless of age, who practice dentistry, whether part-time, semi-retired, on family members, or on long-time patients, must be on “active status.” Furthermore, to remain on “active status,” these dentists must fully comply with all continuing education and Cardiopulmonary Resuscitation requirements of the Board.
- Dentists and dental hygienists who are listed on “Inactive Status” for three (3) or more years, AND who do not continue to practice in another state, may be subject to a clinical reactivation assessment prior to returning to

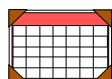


active status in the State of Mississippi. Please keep this in mind if you are placed on the "Inactive Status" list by the Board.



January 2001 MDA District 5 Annual Meeting: Pictured Left-to-Right: Ms. Connie Lane, Kenneth Crawley, D.D.S., J. Perry McGinnis, Jr., D.D.S., Dana Hal Jones, D.M.D., Robert T. Watts, Jr., D.M.D., and Llewellyn Powell, D.M.D.

- ❖ Dentists are strongly encouraged to visit the Board's web site (<http://www.msbde.state.ms.us>) and search the Board's databases to verify whether dental auxiliaries have renewed their licenses and/or permits. Also, these databases are an excellent tool for recruiting dental auxiliaries and for ensuring that potential employees have current, valid dental hygiene licenses or radiology permits.
- ❖ Remember that the Board polls all licensed dentists and dental hygienists each year to obtain a list of nominees for appointment to the Board by the Governor. These ballots contain three (3) spaces for nomination. You must vote only for those dentists or dental hygienists, as appropriate, in your district; otherwise, your ballot will be invalidated. Also, you must not place more than three (3) names on the ballot, as this also will invalidate your ballot. You may note fewer than three (3) names if you wish; however, you must not place more than three (3) names on your ballot.



## NOTEWORTHY DATES

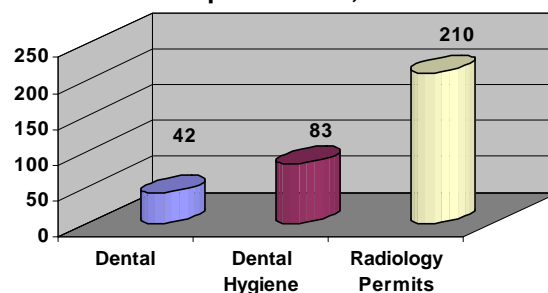
As the Mississippi State Board of Dental Examiners is a legislatively-mandated regulatory agency, its meetings are open to the public. However, due to the confidential and/or sensitive nature of certain aspects of the Board's business, the Board may vote to go into "Executive Session." Also, no items will be added to the agenda of any Board meeting as of one week prior to the date of that meeting. All meetings are held at Suite 100, 600 East Amite Street, Jackson, Mississippi; however, please call the office prior to any meeting to verify the correct date and time. You also may check the Board's web site (<http://www.msbde.state.ms.us>) to verify Board meeting and other dates by clicking the "Important Dates" button. The following dates have been tentatively set aside through July 26, 2002 for Board meetings and the annual licensure examinations:

October 26, 2001  
November 2, 2001  
December 7, 2001  
January 11, 2002  
March 8, 2002  
May 3, 2002  
July 26, 2002

May 19, 2002 (Examination Calibration)  
May 20-21, 2002 (Dental Hygiene Examination)  
May 21-23, 2002 (Dental Examination)

Please visit the Board's web site to familiarize yourself with upcoming dates for Board-approved radiology permit seminars. Seminars are offered through Gulf Coast Community College, Hinds Community College, Louisiana State University, Meridian Community College, Northeast Mississippi Community College, and Pearl River Community College. Remember that no one, other than a currently licensed Mississippi dentist or dental hygienist, may administer radiographs in the dental office without first obtaining a radiology permit from the Board.

### Licenses and Permits Issued January 1, 2001 through September 30, 2001



## FLUORIDE

IN MISSISSIPPI DRINKING  
WATER SYSTEMS



Mississippi currently has 1,200 water systems listed with the Mississippi Department of Health. However 80% of these do not meet the State's recommended level of 0.8-1.2 parts per million of fluorine. Water fluoridation is not required by the State or federal government. The water systems in Mississippi are monitored by the Mississippi Department of Health and must comply with the federal Safe Drinking Water Act.

In today's world of dentistry, prevention has become foremost in treatment planning, delivery, and patient education. Getting fluoride into Mississippi drinking water systems is one of the best ways to provide initial exposure to the benefits of prevention for the many Mississippians who do not receive any dental care. Currently 53% of our citizens do not have the benefit of fluoridated drinking water.

The Mississippi State Board of Dental Examiners, in its commitment to protect the public, would like to encourage all dental health care professionals to pursue efforts to (1) educate their communities as to the benefits of fluoridated water; and (2) ensure their drinking water system is fluoridated. It is quite an undertaking, but there is help available from both the American Dental Association and American Dental Hygienists' Association. The Mississippi Department of Health also can provide helpful information.

The Mississippi State Board of Dental Examiners issues the following statement in reference to fluoridation of drinking water systems:

In our effort to safeguard and enhance the health and welfare of the citizens of this State by regulating the practices of dentistry and dental hygiene to ensure competency and ethics among all dental professionals in the State of Mississippi, the Mississippi State Board of Dental Examiners supports efforts to achieve statewide fluoridation of drinking water systems and, thereby, encourages all dental professionals to endeavor to reach this goal.

--Submitted by Catherine L. Gatewood, R.D.H.  
MSBDE Dental Hygienist Board Member



March 2001 Annual Meeting of the American Association of Dental Examiners: Board Members Pictured Top Left-to-Bottom Right: Catherine L. Gatewood, R.D.H., Dana Hal Jones, D.M.D., Charles E. Leonard, D.D.S., and Mark H. Kennedy, D.D.S.



**DON'T BE SCAMMED  
BY A DRUG ABUSER**

--Reprinted from the DEA Web Site

### What Are My Responsibilities?

**T**he abuse of prescription drugs--especially controlled substances--is a serious social and health problem in the United States today. As a healthcare professional, you share responsibility for solving the prescription drug abuse and diversion problem.

- You have a legal and ethical responsibility to uphold the law and to help protect society from drug abuse.

- You have a professional responsibility to prescribe controlled substances appropriately, guarding against abuse while ensuring that your patients have medication available when they need it.
- You have a personal responsibility to protect your practice from becoming an easy target for drug diversion. You must become aware of the potential situations where drug diversion can occur and safe-guards that can be enacted to prevent this diversion.

### How Do I Recognize a Drug Abuser?

Telling the difference between a legitimate patient and a drug abuser isn't easy. The drug-seeking individual may be unfamiliar to you. They could be a person who claims to be from out-of-town and has lost or forgotten a prescription or medication. Or, the drug seeker may actually be familiar to you such as another practitioner, co-worker, friend, or relative. Drug abusers, or "doctor-shoppers," often possess similar traits and modus operandi. Recognizing these characteristics and modus operandi is the first step to identifying the drug-seeking patient who may be attempting to manipulate you in order to obtain desired medications.

### What Are Common Characteristics of a Drug Abuser?

- Unusual behavior in the waiting room.
- Assertive personality, often demanding immediate action.
- Unusual appearance--extremes of either slovenliness or being over-dressed.
- May show unusual knowledge of controlled substances and/or gives medical history with textbook symptoms **OR** gives evasive or vague answers to questions regarding medical history.
- Reluctant or unwilling to provide reference information, usually has no regular doctor and often no health insurance.
- Will often request a specific controlled drug and is reluctant to try a different drug.
- Generally has no interest in diagnosis--fails to keep appointments for further diagnostic tests or refuses to see another practitioner for consultation.
- May exaggerate medical problems and/or simulate symptoms.
- May exhibit mood disturbances, suicidal thoughts, lack of impulse control, thought disorders, and/or sexual dysfunction.
- Cutaneous signs of drug abuse--skin tracks and related scars on the neck, axilla, forearm, wrist, foot and ankle. Such marks are usually multiple, hyper-pigmented, and linear. New lesions may be inflamed. Shows signs of "pop" scars from subcutaneous injections.

### What Is the Modus Operandi Often Used by a Drug-Seeking Patient?

- Must be seen right away.
- Wants an appointment toward end of office hours.
- Calls or comes in after regular hours.
- States he/she's traveling through town, visiting friends or relatives (not a permanent resident).
- Feigns physical problems, such as abdominal or back pain, kidney stone, or migraine headache in an effort to obtain narcotic drugs.
- Feigns psychological problems, such as anxiety, insomnia, fatigue, or depression in an effort to obtain stimulants or depressants.

- States that specific non-narcotic analgesics do not work or that he/she is allergic to them.
- Contends to be a patient of a practitioner who is currently unavailable or will not give the name of a primary or reference physician.
- States that a prescription has been lost or stolen and needs replacing.
- Deceives the practitioner, such as by requesting refills more often than originally prescribed.
- Pressures the practitioner by eliciting sympathy or guilt or by direct threats.
- Utilizes a child or an elderly person when seeking methylphenidate or pain medication.

***What Should I Do When Confronted by a Suspected Drug Abuser?***

- Do perform a thorough examination appropriate to the condition.
- Do document examination results and questions you asked the patient.
- Do request picture I.D., or other I.D. and Social Security number. Photocopy these documents and include in the patient's record.

- Do call a previous practitioner, pharmacist, or hospital to confirm patient's story.
- Do confirm a telephone number, if provided by the patient.
- Do confirm the current address at each visit.
- Do write prescriptions for limited quantities.

***What Should I Not Do When Confronted by a Suspected Drug Abuser?***

- Don't "take their word for it" when you are suspicious.
- Don't dispense drugs just to get rid of drug-seeking patients.
- Don't prescribe, dispense, or administer controlled substances outside the scope of your professional practice or in the absence of a formal practitioner-patient relationship.

For more information, please visit the following web site:  
<http://www.deadiversion.usdoj.gov/pubs/brochures>

## MSBDE BOARD MEMBERS

**Artis E. Knight, D.D.S., President**  
 District Three, Petal

**C. Wyck Neely, D.D.S., Secretary**  
 District Six, Magee

**Catherine L. Gatewood, R.D.H.**  
 Dental Hygiene Member, Clinton

**Gene Norris Howell, Jr., D.D.S.**  
 District One, Ripley

**Dana Hal Jones, D.M.D.**  
 District Five, Waveland

**Mark H. Kennedy, D.D.S.**  
 District Four, Jackson

**Charles E. Leonard, D.D.S.**  
 State-at-Large, Jackson

**Charles G. Purifoy, D.D.S.**  
 District Two, Greenwood

## MSBDE STAFF

**Leah Diane Howell**  
 Executive Director

**Shirley M. Anderson**  
 Purchasing Agent II

**Vera G. Holloway**  
 Special Projects Officer III

**Linda A. King**  
 Licensing Officer, Professional

**Karen S. Wilson**  
 Investigator II

**Vacant**  
 Secretary-Administrative Confidential

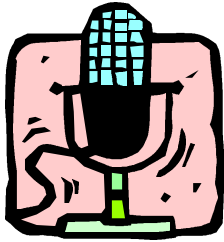
# DISCIPLINARY ACTIONS

The following report on disciplinary actions covers the period January 1, 2001 through September 30, 2001, with one action in November 2000. According to State law, investigations by the Board are confidential until official action is taken. The following is merely a summary of each disciplinary action taken and should not be interpreted as a complete statement of all facts and matters involved in each docket. Also, the Board typically includes several provisions in its orders which may not be summarized here. Although great care has been taken to ensure accuracy of the information provided



hereafter, inadvertent errors may appear, and no entity should initiate an adverse action against a dentist, dental hygienist, or dental assistant based solely on the following information. Rather, the reader should request a copy of the Board's order (\$5.00 per copy) prior to making any decisions affecting licensees. Further, it should be noted that the names of persons herein provided may be similar to the names of persons who have not had disciplinary actions or corrective measures taken by the Board against them. A Consent Order is a negotiation between the Board and the licensee and is a procedure for resolution of a disciplinary action without the necessity of a formal hearing, and a voluntary surrender of a license has the same effect as a full revocation.

**THIS INFORMATION HAS BEEN REMOVED FROM THE WEB VERSION OF THIS NEWSLETTER. ANYONE DESIRING INFORMATION ON DISCIPLINARY ACTIONS SHOULD CONTACT THE BOARD OFFICE BY E-MAIL, TELEPHONE, FACSIMILE, OR REGULAR MAIL.**



During the 2002 Legislative Session, the Board will undergo its legislatively-mandated five-year Sunset Review. Consequently, the Board plans to introduce various changes to the Mississippi Dental Practice Act. In preparing for anticipated subcommittee hearings, the Board will be preparing a data sheet detailing its proposed changes and the reasons for these needed changes. Once this data sheet is prepared, it will be posted on the Board's web site (<http://www.msbde.state.ms.us>) in Adobe Acrobat format.



## CURRENT MSBDE FEES



The following fees represent current amounts charged for applications, renewals, and other services rendered by the MSBDE. These fees are subject to change and must be paid by money order, personal check, or cashier's check in advance of any request.

|   |            |   |          |
|---|------------|---|----------|
| Application for Dental License by Examination . . . . .                 | \$400.00   | Annual Radiology Permit Renewal . . . . .                         | \$20.00  |
| Application for Dental Hygiene License by Examination . . . . .         | \$200.00   | Annual General Anesthesia Permit Renewal . . . . .                | \$100.00 |
| Application for Dental License by Credentials. . . . .                  | \$2,000.00 | Annual IV Sedation Permit Renewal . . . . .                       | \$100.00 |
| Application for Dental Hygiene License by Credentials . . . . .         | \$500.00   | Duplicate License or Permit . . . . .                             | \$20.00  |
| Application for Institutional, Teaching, or Provisional License . . . . | \$25.00    | Certification of Licensure or Permit Status . . . . .             | \$20.00  |
| Application for Specialty License . . . . .                             | \$200.00   | Certified Copy of License or Permit . . . . .                     | \$20.00  |
| Application for General Anesthesia Permit . . . . .                     | \$200.00   | Handling fee for Insufficient Funds Checks . . . . .              | \$50.00  |
| Application for I.V. Sedation Permit . . . . .                          | \$200.00   | Requests for Database Information                                 |          |
| Application for Radiology Permit (Including Initial Renewal Fee) . .    | \$60.00    | Labels & Printouts . . . . .                                      | \$125.00 |
| Annual Dental License Renewal . . . . .                                 | \$150.00   | Diskettes . . . . .   | \$150.00 |
| Annual Dental Specialty License Renewal . . . . .                       | \$75.00    | Radiology Examinations Administered in MSBDE Offices . . . . .    | \$25.00  |
| Annual Dental Hygienist License Renewal . . . . .                       | \$75.00    | One Copy of MSBDE Laws and/or Regulations . . . . .               | \$10.00  |
| Annual Dental Institutional, Teaching, or Provisional License           |            | Additional Copies (Per Copy) . . . . .                            | \$5.00   |
| Renewal. . . . .  | \$150.00   | Duplicate Renewal Forms, Certification Cards, or Non-Notification |          |
| Annual Dental Hygiene Institutional, Teaching, or Provisional           |            | of Change of Address . . . . .                                    | \$10.00  |
| License Renewal. . . . .  | \$75.00    | Disciplinary Orders (Per Copy) . . . . .                          | \$5.00   |
|   |            | Newsletter (Per Copy) . . . . .                                   | \$2.50   |

### MSBDE NEWSLETTER

Suite 100  
600 East Amite Street  
Jackson, MS 39201-2801

PLACE  
STAMP  
HERE

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS  
SUITE 100, 600 EAST AMITE STREET  
JACKSON, MS 39201-2801

BULK RATE  
U.S. POSTAGE PAID  
JACKSON, MS  
PERMIT NO. 437

**MSBDE NEWSLETTER**  
Suite 100  
600 East Amite Street  
Jackson, MS 39201-2801

**CHANGE OF ADDRESS NOTIFICATION**

Pursuant to Miss. Code Ann. § 73-9-19, every licensed dentist and dental hygienist "shall promptly keep the board advised of any change in address of his office or residence." Additionally, Board Regulation 25, VI.A., stipulates that "[e]very person holding a radiology permit shall promptly keep the Board advised of any change of mailing address." Therefore, if you have changed your employer, home, business, mailing, or satellite address/telephone, please use this form to notify the MSBDE of such. Otherwise, keep this form in your files should you need to notify the MSBDE of a future change of information. You may cut along the dotted line, affix a postage stamp to the reverse side of this form, and mail it directly to the Mississippi State Board of Dental Examiners. If you wish, you may send this form via facsimile to (601)944-9624, or you may e-mail any changes via the Board's web site (<http://www.msbde.state.ms.us>). Please call (601)944-9622 if you have any questions.

Full Name: \_\_\_\_\_ MS License No.: \_\_\_\_\_

Old Address: \_\_\_\_\_  
\_\_\_\_\_

New Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_